



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

San Antonio ISD

MFDR Tracking Number

M4-15-0505-01

Carrier's Austin Representative

Box Number 21

MFDR Date Received

October 6, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The consultation for psychotropic medication does not require preauthorization."

Amount in Dispute: \$145.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the submitted documentation no additional recommendation is being made at this time. This decision was based on the fact that both the submitted documentation with the dispute and the previous submitted documentation do not match the billed ICD-9 and look to fall outside of the compensable injury."

Response Submitted by: Injury Management Organization, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 8, 2014	99213	\$145.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for evaluation and management services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 216 – Based on the findings of a review organization
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - 193 – Original payment decision is being maintained

Issues

1. What is applicable rule that determines fee guideline?
2. Was the evaluation and management code supported for level of services billed?
3. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the disputed services as, 16 – “Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.” 28 Texas Labor Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99213 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; an expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Expanded History
 - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found one chronic condition, thus component not met.
 - Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed one system. This component was met.
 - Past Family, and/or Social History (PFSH) are not applicable.
- Documentation of a Expanded Examination:
 - Requires limited examination of the affected body area. The documentation found examination of one system: psychological. This component was not met.

The Division finds the carrier’s denial is supported as only one of the required components was met for the disputed service. No additional payment can be recommended.

2. The submitted documentation did not meet the requirements of Rule 134.203. No additional payment can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 13, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.